

Virginia Racing Commission
10700 Horseman's Road
New Kent, VA 23124
804-966-7400

Short Form _____

Long Form _____

APPLICATION FOR PARTICIPANTS 20____

Last Name

First Name

Middle Name

Stable Name:

Type Permit:

FOR COMMISSION USE ONLY

Permit Number _____

Type Permit _____

Date Applied _____

Date Approved _____

Date Denied _____

Payment: _____

Prints: _____

INFORMATION AND INSTRUCTIONS

The application shall be accompanied by a fee prescribed by the Virginia Racing Commission. The applicant shall be fingerprinted upon making his initial application in the Commonwealth of Virginia and at least once every five years thereafter. Checks or money orders should be made payable to the Virginia Racing Commission. All questions must be answered and the application signed by the applicant.

Permanent Mailing Address _____

City _____ State _____ Zip _____

Maiden Name _____

Employer _____

U. S. Citizen? ☐ Yes ☐ No

If no, citizen of _____ Immigration # _____

Person to notify in
emergency: _____

Relationship _____

Address _____
Street _____

City _____ State _____ Zip _____

Telephone Number _____

Social Security # _____

FEIN Number _____

U. S.T.A. Number _____

DATE OF
BIRTH _____

BIRTH PLACE _____

TELEPHONE:
Home _____

Business _____

SEX: ☐ MALE ☐ FEMALE

WEIGHT _____ HEIGHT _____

HAIR _____ EYES _____

MARITAL STATUS: SINGLE

MARRIED DIVORCED

OWNER AND TRAINER

Number of horses in training in Virginia _____

Number of employees working in Virginia _____

Company name _____

Policy Number _____

Name of Policyholder _____

ASSISTANT TRAINER

Assistant to trainer _____

Number of horses in your care _____

JOCKEYS AND APPRENTICE JOCKEYS

Name of Agent _____

JOCKEY AGENTS

1. Jockey's Signature _____

2. Jockey's Signature _____

LAST LICENSE 19____ TYPE LICENSE _____

NAME OF STATES _____

